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February 10, 2014

To: Supervisor Don Knabe, Chairman
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From: William T Fujioka
Chief Executive Officer

Mitchell H. Katz, M.D.
Director, Department of Health Services

HEALTH CARE REFORM IMPLEMENTATION TASK FORCE UPDATE

This is to provide the Board with a report of progress made by the Department of Health Services (DHS)/Chief Executive Office (CEO) Health Care Reform Implementation Task Force (Task Force).

On December 10, 2012, my office informed your Board that the CEO and Director of Health Services would create a Task Force for Health Reform to focus coordination among the five County departments whose services are vital to the successful implementation of health reform within Los Angeles County. We are now providing you with the achievements of the Task Force and stakeholder departments since our last report of December 6, 2013.

DEPARTMENT OF HEALTH SERVICES (DHS)

To date, a total of thirty two (32) Relief Registered Nurses (RN's) have been selected for the Internal Nurse Registry pilot program at LAC+USC Medical Center to supplement core RN staff within the following areas: Emergency Room (6 RN's), Intensive Care (4 RN's), Medical-Surgical (4 RN's), Inpatient Pediatrics (2 RN's), Psychiatry (5 RN's), Obstetrics & Gynecology (5 RN's), and Ambulatory Care (5 RN's). One (1) RN was released for failure to appear for orientation as scheduled in November 2013. Twenty five (25) of the selected

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RN's have completed the hiring process and have been added to the schedule. Three (3) RN's began orientation on February 3, 2014 and one (1) RN is scheduled for March 3, 2014. The remaining three (3) RN's are in the hiring process.

DHS has enrolled 304,117 members in Healthy Way L.A. (HWLA) as of December 31, 2013 – exceeding the goal of 300,000 newly enrolled members. The HWLA program ended at 11:59 pm on December 31, 2013 at the same time as California's Low Income Health Program. The 304,117 HWLA members were transitioned to Medi-Cal on January 1, 2014. With the end of the HWLA program, DHS is turning its attention to outreach and enrollment into Medi-Cal and Covered California. DHS will continue to report on those efforts in their regular updates to the Board on the implementation of the Affordable Care Act (ACA).

Additionally, as of January 23, 2014, the new DHS telephone system was fully operational at La Puente Health Center (HC) and San Fernando HC, which were the two facilities pending conversion as of our last report.

FIRE DEPARTMENT

The Fire Department continues to work on the implementation of a First Response Fee program designed to be billed for all emergency medical services (EMS) patients; this is a precursor to qualify for a proposed expansion of the Medi-Cal Ground Emergency Medical Transportation (GEMT) program, if approved through a State Plan Amendment (SPA) filed in July 2013.

The GEMT program is enabled by legislation passed in 2011 that originally focused exclusively on 911 ambulance transports by public safety agencies. That program is in place and public safety 911 ambulance providers have begun to bill the State Department of Health Care Services (DHCS) for this program. The DHCS expressed their willingness to expand the program to cover the first response component of pre-hospital care as well. To qualify for the GEMT first response component, a public agency must have in place a First Response Fee program that is billed universally, recognizing that initially only commercial payers will actually remit. While there is no cap, fees up to \$385.00 are being imposed. Currently several fire departments have this program in place including Sac Metro Fire, West Covina Fire, and Novato Fire. The First Response Fee program is the key that opens the door to the expanded GEMT first response component once the SPA is approved. The fee will likely exceed the \$385.00 charged by most fire departments. Fire departments with this process in place today will have the opportunity to claim funds retroactive to either July 1, 2013 or the date they initiated a First Response Fee program, whichever is later.

The Fire Department is in the process of developing a fee structure which will be presented for Board approval within the first quarter of 2014. The Fire Department will be required to serve as the “biller” for the First Response Fee and a Medi-Cal provider number will also be required. The Fire Department will have the ability to use ambulance companies or a third party as their contracted biller for these programs.

A meeting is being scheduled between the California Association of Fire Chiefs and the State to determine if legislation will be needed to enable the First Responder Fee program. This meeting will likely occur within the next 30 days. The California Association of Fire Chiefs has two placeholder bills waiting in the event that legislation is required.

DEPARTMENT OF MENTAL HEALTH (DMH)

During 2013, DMH accomplished the following goals related to Health Care Reform:

- Ensuring network capacity:
 - The Board approved a plan to expand adult legal entity providers to ensure network adequacy for the Medicaid expansion population;
 - Children’s mental health providers received contract amendments that enable them to serve adults related to children in their care, thereby ensuring that families can be served within the same agency; and
 - Planned for additional co-location of staff in DHS’ Lomita health clinic to occur in the first quarter of 2014.
- Ensuring access to specialty mental health:
 - Worked with L.A. Care to develop a screening tool for individuals in need of urgent specialty mental health appointments;
 - Established a separate unit with dedicated telephone lines at the DMH ACCESS Center to provide urgent mental health appointments and specialty mental health consultations to primary care providers; and
 - Developed a packet of referral information for managed care plans regarding how to access routine appointments for specialty mental health services.
- Enhancing integrated care and care coordination:
 - Expanded the co-location of DMH staff within DHS facilities; and
 - Developed strategies for providing feedback to primary care entities on individuals referred for specialty mental health services.
- Developing Health Neighborhoods as a structure for organizing care:
 - County adopted Health Neighborhoods concept as a strategic goal for FY 2014-15;
 - Completed the mapping of children’s mental health providers to existing primary care-adult mental health collaborations; and
 - Participated in the development of a UCLA-RAND grant application to

implement more inclusive Health Neighborhoods in the County that will incorporate community-based entities and address health disparities.

During 2014, DMH plans to accomplish the following:

- Monitor network adequacy and amend contracts as needed to address local demand.
- Establish an automated system for tracking responses to referrals (both urgent and routine) to ensure coordination of care.
- Conclude the integration of substance abuse providers into the primary care-adult mental health and children's mental health collaborations.
- Expand the concept and implementation of Health Neighborhoods and include L.A. Care, the Community Clinic Association of Los Angeles County (CCALAC) and other involved parties in the planning efforts.
- Begin the development of levels of care and benefits packages, tied to outcomes, within the DMH specialty mental health domain.

DEPARTMENTAL OF PUBLIC SOCIAL SERVICES (DPSS)

We continue to be available to assist DPSS on any Health Care Reform Task. A summary of DPSS achievements since inception of the Health Care Reform Task Force includes the following:

- Staff certification and training for processing redeterminations and new applications.
- Processing of backlog and pending HWLA cases.
- Resolution of issues related to DHS funding/claiming for DPSS costs associated with HWLA intake and ongoing eligibility activities.
- Development and implementation of staffing solutions to meet the demand of increased Medi-Cal applications commencing October 2013.

DEPARTMENT OF PUBLIC HEALTH (DPH)

DPH continues to realize progress relating to billing improvements for their clinic-based services and increased outreach and enrollment activities:

- Outreach and Enrollment:
 - In January 2014, DPH was awarded a \$7 million grant from the DHCS for Medi-Cal outreach and enrollment. The grant application was coordinated by the CEO as a collaborative effort involving DPH, DPSS, DMH, DHS, and LASD. The grant provides funding over two years to either supplement existing or create new Medi-Cal outreach and enrollment programs. The

grant funding requires that DPH allocate 50 percent (\$3.5 million) of the total award to community-based organizations to assist in the outreach and enrollment strategies as specified in the submitted application.

- DPH, in partnership with DHS and the Commission on HIV, transitioned approximately 4,000 patients from the Ryan White Program to HWLA for outpatient medical services as part of the early implementation of the ACA, with minimal disruption in access and continuity of care. These HWLA enrollees were transitioned to Medi-Cal on January 1, 2014.
- A second patient navigator (health insurance coordinator) was hired effective January 6, 2014 to assist with the collection of billing information in addition to referring patients for enrollment. The navigator is undergoing orientation with DPH staff through March 31, 2014. DPH has plans to implement a patient navigator at two additional sites.
- Establishing Coordinated Networks of Care:
 - DPH, working with DHS, DMH, Health Net and L.A. Care, established coordinated care processes for beneficiaries needing substance use disorder (SUD) services, and who are dually eligible for Medicare and Medi-Cal through the Cal MediConnect demonstration project.
 - DPH worked with the County's criminal justice agencies (District Attorney, Probation Department, Public Defender, LASD, and Superior Court) to develop access to new SUD benefits available to Medi-Cal beneficiaries in the Drug Court, prison reentry (AB 109), and other programs for criminal offenders needing SUD services.
 - DPH and DMH worked with Health Net and L.A. Care to establish coordinated care processes for current and newly enrolled Medi-Cal health plan members needing mental health and SUD services as of January 1, 2014. DPH's Substance Abuse Prevention and Control Program (SAPC) also assisted the health plans in informing and training primary care and SUD providers on their respective roles in screening for alcohol and drug problems.
 - The ACA requires not-for-profit hospitals to perform Community Health Needs Assessments and provide funding to address population health conditions. DPH secured a Productivity Investment Fund grant to partner with Dignity Health to convene a coalition of not-for-profit hospitals and community benefits-related organizations. This coalition will implement a centralized website of population health indicators and evidence-based solutions for Los Angeles County that will be used to plan and implement population health community-based interventions.

- Training:
 - DPH's Office of Development and Training coordinated a training curriculum on the ACA for DPH staff and community partners that covered the new health care law, access to care option, enrollment, the various health care programs (i.e., Medi-Cal, Medicare, Covered CA), and details of each health care program's eligibility criteria and application process. SAPC also provided training to contracted agencies on topics related to the ACA.
- Electronic Health Records and Billing Systems:
 - DPH's Community Health Services (CHS) has increased the collection of pertinent patient and clinical information to enable billing for Medi-Cal, Medicare, and third party payors at all public health centers. In addition, DPH is ensuring appropriate CPT and ICD-9 codes are active in the current information system, and the development of active ICD-10 coding.
 - DPH executed a contract with Gartner, Inc. for consulting services to implement an electronic health record system and also entered into a memorandum of understanding with Cardea to receive consultation and technical assistance for the billing process. DPH is in process of hiring a vendor to assist with third party payor contracts, which will enable DPH to bill private insurance companies.
 - DPH projects implementation of an electronic billing system for community health services in all fourteen public health centers in FY 2015-16.
 - DPH expects to phase in billing for Medi-Cal and Medicare through Sutherland during FY 2014-15. Once the electronic billing system is fully implemented, DPH will be able to bill private insurers, as well as Medi-Cal and Medicare.

SHERIFF'S DEPARTMENT (LASD)

The Task Force continues to work with the LASD to maximize federal reimbursement available under the Affordable Care Act. Two major goals include the enrollment of all eligible jail inmates into Medi-Cal or Covered California and to establish alternatives to incarceration.

- LASD is currently working with DPSS and the Medicaid Administrative Activities coordinator for Los Angeles County to establish a program and process for enrolling inmates that will be both "claimable" and also reach the maximum number of potential enrollees.
- A test run was successfully completed with DPSS and LASD to sample the interview and enrollment process to determine the length of time involved and identify any additional considerations prior to full implementation.

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- LASD is also exploring feasibility of developing and implementing a streamlined electronic enrollment process.
- LASD submitted a proposal to your Board seeking to add personnel to service this function during November 2013.

A report of the Task Force activities and progress will be presented to your Board on a regular basis.

If you have any questions or require additional information, please contact me or your staff may contact Gregory Polk at (213) 974-1160 or via e-mail to gpolk@ceo.lacounty.gov.

WTF:MHK

GP:bjs

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